

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23977

State File No.

FILED AUG 8 - 1956
BIRTH NO. 060173-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3009

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) (township) 2 days		c. CITY OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2		e. STREET ADDRESS (If rural, give location) 119 1241 Paseo					
3. NAME OF DECEASED (Type or Print) a. (First) Andrea'		b. (Middle)		c. (Last) Snow			
4. DATE OF DEATH July 8, 1956		5. SEX Male		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 6, 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) 2 Kansas City, Mo. 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fentress T. Snow		13b. MOTHER'S MAIDEN NAME Tommie Mae Wilson			
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (No)		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Tommie Snow, mother		ADDRESS 1241 Paseo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage and subdural hematoma. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7600	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-6-56 , 19___, to 7-8-56 , 19___, that I last saw the deceased alive on 7-8-56 , 19___, and that death occurred at 4:20A.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. H. Peterson M.D.		23b. ADDRESS 600 East 22nd St.		23c. DATE SIGNED 7-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-56		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery			
24d. LOCATION (City, town, or county) (State) Kansas City, Mo		DATE REC'D BY LOCAL REG. 7-10-56		REGISTRAR'S SIGNATURE Neva Marshall			
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. M. K. Martens, H.C.M.O.		ADDRESS H.C.M.O.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fannie G. Meek*.....

Licensed Embalmer No. *3818*.....

P. O. Address *Kansas City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.